



Musculoskeletal (MSK) Survey 2018



Bedfordshire Clinical Commissioning Group (BCCG) commission the Circle Partnership to deliver MSK services in Bedfordshire. Musculoskeletal (or MSK) covers any injury, damage or disorder relating to the joints, bones or muscles.

Musculoskeletal disorders are very common and the risk increases with age. The severity of MSK conditions can vary dramatically from patient to patient giving mild discomfort to some and interfering with everyday activities for other patients.

Circle MSK has invited Healthwatch Central Bedfordshire to conduct an independent patient experience survey of the MSK service delivered across Bedfordshire, to understand current service delivery from the patient's perspective, with a focus on their current and/or previous experience including how they accessed the service.

Circle MSK are working to improve the patient experience and quality of care delivered. They would like to give people who use their services the opportunity to shape the way in which services are delivered. To do this they have requested support from Healthwatch Central Bedfordshire, as an independent organisation, to get you involved and to learn of your experience.

Completing this short survey, and giving us your views on the type of service you have received/are receiving, will help Circle MSK to improve services and better meet patient expectations.

If you require help to complete this survey or if you have any queries please contact Healthwatch Central Bedfordshire on 0300 300 8554 or by email to info@healthwatchcentralbedfordshire.org.uk.



SURVEY

Question 1:

Do you or someone you care for currently use, or have used in the last 12 months, Musculoskeletal (MSK) services which covers any injury, damage or disorder relating to the joints, bones or muscles?

YES

NO

Question 2:

How were you referred into the MSK service?

Via your GP

Via an orthopaedic consultant

Self-referral

Following attendance at Hospital

Following attendance at an Urgent Care Centre or Walk in Centre

Other, please specify _____

Question 3:

How long did you wait for your first appointment into the service?

Within one week

2 - 3 weeks

4 - 5 weeks

6 - 7 weeks

8 - 9 weeks

10 weeks or more

Question 4:

Were you able to choose the location of your appointment?

YES

NO

Not sure/don't know

Question 5:

At your first appointment were you given advice and information on how to manage your condition?

YES

NO

Not sure/don't know

Question 6:

After attending an appointment or course of treatment over a few weeks, how satisfied were you with the service?

Very satisfied

Neither satisfied nor dissatisfied

Satisfied

Dissatisfied

Very dissatisfied

Question 7:

Were you satisfied that you were involved in decisions about your care and treatment?

Very satisfied

Neither satisfied nor dissatisfied

Satisfied

Dissatisfied

Very dissatisfied

Question 8:

Have the staff involved in your care? (please tick more than one box if appropriate)

Listened to your views?

Discussed your diagnosis / treatment options and outcomes?

Explained the reason for treatment in a way you can understand?

Explained the benefits and risks of treatment?

Been sensitive to your needs?

Question 9:

How satisfied were you, when you left your appointment, that you were clear on what would happen next, e.g., further tests, referral to other services

- | | | | |
|--------------------------|-------------------|--------------------------|------------------------------------|
| <input type="checkbox"/> | Very satisfied | <input type="checkbox"/> | Neither satisfied nor dissatisfied |
| <input type="checkbox"/> | Satisfied | <input type="checkbox"/> | Dissatisfied |
| <input type="checkbox"/> | Very dissatisfied | | |

Question 10:

What has pleased you most about your experience of the Musculoskeletal (MSK) service?

Question 11:

What do you think the Musculoskeletal (MSK) service could improve upon? E.g. appointments/booking system/waiting times/treatment plans etc?

Question 12:

Is there anything else you would like to tell us about the MSK service and/or the treatment you / the person you care for received?

Question 13:

Please indicate where you accessed the service:

- | | |
|---|---|
| <input type="checkbox"/> Church Lane Surgery, Centre, Bedford | <input type="checkbox"/> Bedford Enhanced Services |
| <input type="checkbox"/> Langford Surgery | <input type="checkbox"/> Flitwick Surgery |
| <input type="checkbox"/> Basset Rd Health Centre, LB | <input type="checkbox"/> Salisbury House Surgery, LB |
| <input type="checkbox"/> Blenheim Medical Centre, Luton | <div style="border: 1px solid blue; width: 460px; height: 30px;"></div> |
| <input type="checkbox"/> West St Surgery, Dunstable | |

Other. Please state

Finally, some questions about you

Question 14:

What is your gender?

- Male Female

Question 15:

Please indicate your age range:

- | | |
|----------------------------------|----------------------------------|
| <input type="checkbox"/> 18 - 24 | <input type="checkbox"/> 25 - 34 |
| <input type="checkbox"/> 35 - 44 | <input type="checkbox"/> 45 - 54 |
| <input type="checkbox"/> 55 - 64 | <input type="checkbox"/> 65 - 74 |
| <input type="checkbox"/> | <input type="checkbox"/> |

Question 16:

In which area of Bedfordshire do you live? For example, Flitwick, Bedford, Dunstable, please state in the box below:

Thank you for completing this survey.

Please complete and return the survey to Healthwatch Central Bedfordshire
(address details below)

If you have any queries or questions about this survey please contact Healthwatch Central Bedfordshire direct on **0300 303 8554**, or by email to info@healthwatch-centralbedfordshire.org.uk or write to:

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